

### **§322.1. Provision of Service – adopted to be effective March 1, 2015**

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**Summary of Amendment:** The language in (d) Reevaluation is amended to change the timeframe for re-evaluation of a patient from 30 days to 60 days before provision of physical therapy treatment by a physical therapist assistant or a physical therapy aide can continue.

#### **§322.1. Provision of Services.**

##### **(a) Initiation of physical therapy services.**

(1) Referral requirement. A physical therapist is subject to discipline from the board for providing physical therapy treatment without a referral from a qualified healthcare practitioner licensed by the appropriate licensing board, who within the scope of the professional licensure is authorized to prescribe treatment of individuals. The list of qualifying referral sources includes physicians, dentists, chiropractors, podiatrists, physician assistants, and advanced nurse practitioners.

##### **(2) Exceptions to referral requirement.**

(A) A PT may evaluate without referral.

(B) A PT may provide instructions to any person who is asymptomatic relating to the instructions being given without a referral, including instruction to promote health, wellness, and fitness.

(C) Emergency Circumstances. A PT may provide emergency medical care to a person after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity without referral if the absence of immediate medical attention could reasonably be expected to result in a serious threat to the patient's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

(D) Prior referrals. A physical therapist may treat a patient for an injury or condition that is the subject of a prior referral if all of the following conditions are met.

(i) The physical therapist must notify the original referring healthcare personnel of the commencement of therapy by telephone within five days, or by letter postmarked within five business days;

(ii) The physical therapy provided must not be for more than 20 treatment sessions or 30 consecutive calendar days, whichever occurs first. At the conclusion of this time or treatment, the physical therapist must confer with the referring healthcare personnel before continuing treatment;

(iii) The treatment can only be provided to a client/patient who received the referral not more than one year previously; and

(iv) The physical therapist providing treatment must have been licensed for one year. The physical therapist responsible for the treatment of the patient may delegate appropriate duties to another physical therapist having less than one year of experience or to a physical therapist assistant. A physical therapist licensed for more than one year must retain responsibility for and supervision of the treatment.

##### **(3) Methods of referral. A referral may be transmitted by a qualifying referral source in the following ways:**

(A) in a written document, including faxed and emailed documents; or

(B) verbally, in person or by telephone. If a referral is transmitted verbally, whether in person or by telephone, it must be received, recorded and signed by the PT, PTA or other authorized personnel, and include all of the information that would appear on a written referral.

##### **(b) Evaluation and screening.**

(1) Evaluation. Physical therapy treatment may not be provided prior to the completion of an evaluation of the patient's condition by a PT.

(2) PTAs may screen patients designated by a PT as possible candidates for physical therapy services. Screening entails the collection of uniform information from all patients screened using a predetermined, standardized format. The information collected is delivered to the supervising PT.

Only a PT may determine whether further intervention for patients screened is necessary.

##### **(c) Physical therapy plan of care development and implementation.**

- (1) The PT must develop a written plan of care, based on his evaluation, for each patient.
- (2) Treatment may not be provided by a PTA or aide until the plan of care has been established.
- (3) The plan of care must be reviewed and updated as necessary following a reevaluation of the patient's condition.
- (4) The plan of care or treatment goals may only be changed or modified by a PT.
- (5) A PTA may modify treatment techniques as indicated in the plan of care.
- (6) A PT or PTA must interact with the patient regarding his/her condition, progress and/or achievement of goals during each treatment session.

(d) Reevaluation.

- (1) Provision of physical therapy treatment by a PTA or an aide may not continue if the PT has not performed a reevaluation:
  - (A) at a minimum of once every 60 days after treatment is initiated, or at a higher frequency as established by the PT; and
  - (B) In response to a change in the patient's medical status that affects physical therapy treatment, when a change in the physical therapy plan of care is needed, or prior to any planned discharge.
- (2) A reevaluation must include:
  - (A) An onsite reexamination of the patient; and
  - (B) A review of the plan of care with appropriate continuation, revision, or termination of treatment.

(e) Documentation of treatment.

- (1) At a minimum, documentation of physical therapy services must include the following:
  - (A) any referral authorizing treatment;
  - (B) the initial examination and evaluation;
  - (C) the plan of care;
  - (D) documentation of each treatment session by the PT or PTA providing the services;
  - (E) reevaluations as required by this section;
  - (F) any conferences between the PT and PTA, as described in this section; and
  - (G) the discharge summary.
- (2) The PTA must include the name of the supervising PT in his documentation of each treatment session.
- (3) Physical therapy aides may not write or sign any physical therapy documents in the permanent record. However, a physical therapy aide may enter quantitative data for tasks delegated by the supervising PT or PTA.
- (4) Discharge Summary. The PT must provide final documentation for discharge of a patient, including patient response to treatment at the time of discharge and any necessary follow-up plan. A PTA may participate in the discharge summary by providing subjective and objective patient information to the supervising physical therapist.